

## APPENDIX 2

### MEDICAL EVALUATION OF FITNESS FOR SCUBA DIVING REPORT

---

 Name of Applicant (Print or Type)

---

 Date(Mo/Day/Year)

To The PHYSICIAN:

This person is an applicant for training or is presently certified to engage in diving with self-contained underwater breathing apparatus (SCUBA). This is an activity that puts unusual stress on the individual in several ways. Your opinion on the applicant's medical fitness is requested. SCUBA diving requires heavy exertion. The diver must be free of cardiovascular and respiratory disease. An absolute requirement is the ability of the lungs, middle ear and sinuses to equalize pressure. Any condition that risks the loss of consciousness should disqualify the applicant.

TESTS: Please initial that the following tests were completed.

**[ ] Initial Examination**

☐ Medical History  
☐ Complete Physical Exam with emphasis  
 on neurological and otological components  
☐ Chest X-Ray  
☐ Spirometry  
☐ Hematocrit or Hemoglobin  
☐ Urinalysis  
☐ Any further tests deemed necessary by  
 the examining physician

**Additional testing for first exam over age 40**

☐ Resting EKG  
☐ Assessment of coronary artery disease  
 using Multiple-Risk-Factor-Assessment<sup>1</sup>  
 (age, lipid profile, blood pressure, diabetic screening, smoker)

**[ ] Re-examination (every 2 years)**

☐ Medical History  
☐ Complete Physical Exam with emphasis  
 on neurological and otological components  
☐ Hematocrit or Hemoglobin  
☐ Urinalysis  
☐ Any further tests deemed necessary by  
 the examining physician

**Additional testing for re-examination over age 40**

☐ Resting EKG  
☐ Assessment of coronary artery  
 using Multiple-Risk-Factor-Assessment<sup>1</sup>

**Note: Exercise stress testing may be indicated based on Risk-Factor-Assessment<sup>2</sup>**

RECOMMENDATION:

- ☐ APPROVAL. I find no medical condition(s) which I consider incompatible with diving.
- ☐ RESTRICTED ACTIVITY APPROVAL. The applicant may dive in certain circumstances as described in  
 REMARKS.
- ☐ FURTHER TESTING REQUIRED. I have encountered a potential contraindication to diving. Additional medical  
 tests must be performed before a final assessment can be made. See REMARKS.
- ☐ REJECT. This applicant has medical condition(s) which, in my opinion, clearly would constitute unacceptable  
 hazards to health and safety in diving

---

<sup>1</sup> "Assessment of Cardiovascular Risk by Use of Multiple-Risk-Factor Assessment Equations." Grundy et al. 1999. AHA/ACC Scientific Statement. <http://www.acc.org/clinical/consensus/risk/risk1999.pdf>

ACC/AHA Guidelines for Exercise Testing. A report of the American College of Cardiology / American Heart Association Task Force on Practice Guidelines (Committee on Exercise Testing). RJ Gibbons, et al. 1997. Journal of the American College of Cardiology. 30:260-311. <http://www.acc.org/clinical/guidelines/exercise/exercise.pdf>

OVER

REMARKS:

---

---

---

---

---

I have discussed the patient's medical condition(s) which would not seriously interfere with diving but which may seriously compromise subsequent health. The patient understands the nature of the hazards and the risks involved in diving with these defects.

\_\_\_\_\_  
Date Signature \_\_\_\_\_ M.D.

\_\_\_\_\_  
Name (Print or Type)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

My familiarity with applicant is:

€ With this exam only

€ Regular Physician for \_\_\_\_\_ years

€ Other (describe) \_\_\_\_\_

My familiarity with diving medicine:

€ On attached list of physicians

€ Other (describe) \_\_\_\_\_

APPLICANT'S RELEASE OF MEDICAL INFORMATION FORM

I authorize the release of this information and all medical information subsequently acquired in association with my diving to the \_\_\_\_\_ Diving Safety Officer and Diving Control Board or its designee at (place) \_\_\_\_\_ on (date) \_\_\_\_\_.

Signature of Applicant \_\_\_\_\_